Approved for use through 1/31/2006 CMB 061-0032 PTO/3806(1204) U.S. Palaris and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless II displays a yalld CMB control number. Application or Dock at Number 101665, 278 Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OB. SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE FEE A DI CER I TOLO (O O (c)) RATE (1) N/A FEE (1) SEARCHFEE IVA 150.00 NIA (37 CFA 1 16(1), 14, or (m) 300.00 NA N/A EXAMINATION FEE NA \$250 NIA (37 CFR 1 16(a). (p), or (q)) \$500 MA NA NA TOTAL CLAIMS \$100 NA (37.CFR 1 16(0) \$200 minus 20 · X\$ 25 INDEPENDENT CLAIMS X\$50 (37 CFR 1 16(N)) OR C Num X100 if the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(a)) edditional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 16(1) +180= +360+ ° II the difference in column 1 is less than Zero, enter "O" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3); OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST REMAINING SMALL ENTITY NUMBER PRESENT 1106 AFTER AMENDMENT ENDMENT RATE (\$) PREVIOUSLY ADDI: EXTRA RATE(\$) PAID FOR TIONAL Total Minus FEE (1) TIONAL 'み FEE (I) X\$ 25 X\$50 Minus OR X100 Application Size Fee (37 CFR 1.16(8)) X200 OR FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(1)) +180= +360= OR TOTAL TOTAL ADO'L FEE OR ADO'L FEE (Catumn 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT AFTER. RATE (\$) ADDI-TIONAL PREVIOUSLY EXTRA RATE (\$) MENDMENT ADOI-PAID FOR FEE (5) TIONAL a Minus CHOFR LINE DO FEE (1) X\$ 25 independent . (970FR 1.180A)) Minus X\$50 Ø X100 Application Size Fee (37 CFR 1.16(b)) X200 OR FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16@) +180= +360= OR TOTAL If the entry in column 1 is less than the entry in column 2, write "or in column 3.

If the Trighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Trighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The Trighest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

Sociection of information is required by 37 CFR 1.16. The information is required to obtain or rotate a benefit by the public which is to file (and by the PIO to abcess) an application. Confidentiality is boverned by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to corrollete.

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